



Attorney Docket No.  
CS-7890

# COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that

My residence, post office and address and citizenship are as stated below next to my name,

I believe I am the original, and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD OF MINIMIZING HERBICIDAL INJURY

the specification of which (check one)

☐ is attached hereto ☒ was filed on July 18, 2003 as Application  
Serial No. 10/623,402 and was amended on \_\_\_\_\_  
(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with title 37, Code of Federal Regulations, §1.56 (a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

## PRIOR FOREIGN APPLICATION(S)

			Priority claimed	
NONE			Yes	No
(Number)	(Country)	(Day/month/year filed)		
(Number)	(Country)	(Day/month/year filed)	Yes	No
Number)	(Country)	(Day/month/year filed)	Yes	No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose the material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

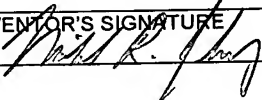
NONE		
(Application Serial No.)	(Filing Date)	(STATUS: patented/pending/abandoned)
(Application Serial No.)	(Filing Date)	(STATUS: patented/pending/abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office Connected therewith:

RICHARD E.L. HENDERSON, Patent Office Registration Number 31,619  
 RAYMOND J. HARMUTH, Patent Office Registration Number 33,896  
 PATRICK D. LOWDER, Patent Office Registration Number 47,757  
 JOSEPH C. GIL, Patent Office Registration Number 26,602  
 LYNDANNE M. WHALEN, Patent Office Registration Number 29,457

SEND CORRESPONDENCE TO:  Patent Department Bayer CropScience LP 100 Bayer Road Pittsburgh, Pennsylvania 15205-9741	DIRECT TELEPHONE CALLS TO:  Patent Department (412) 777-3860
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR Michael R. Schwarz	INVENTOR'S SIGNATURE 	DATE 8-15-03
RESIDENCE 10625 Summerton Drive, Raleigh, NC 27614		CITIZENSHIP U.S. Citizen
POST OFFICE ADDRESS Bayer CropScience LP, 100 Bayer Road, Pittsburgh, PA 15205-9741		
FULL NAME OF SECOND JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP
POST OFFICE ADDRESS		
FULL NAME OF THIRD JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP
POST OFFICE ADDRESS		
FULL NAME OF FOURTH JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP
POST OFFICE ADDRESS		
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP
POST OFFICE ADDRESS		

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